

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6-10-98</u>		2 Serial/Patent # <u>09/073,019</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
<input checked="" type="checkbox"/>	Other <u>Surcharge (205)</u>		5-4-98	\$ 65.00						
		7 TOTAL AMOUNT OF REFUND		\$						
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check							
	Duplicate Payment		Credit Deposit A/C #:							
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">--</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>					--			
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<u>No Surcharge required complete application,</u> <u>wrong letter sent out PTO Error</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>S. Ahmed</u>		TITLE: <u>LI. Ex</u>								
SIGNATURE: <u>S. Ahmed</u>		PHONE: <u>305-2941</u>								
OFFICE: <u>O IPE.</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: